SOUTH DAKOTA BOARD OF NURSING

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IN THE MATTER OF THE LICENSURE

PROCEEDINGS

RE: HAYLEE R. HARTHOORN, PN

VOLUNTARY SURRENDER OF PRIVILEGE TO PRACTICE IN SOUTH DAKOTA

Iowa License No. P59433

Nurse Licensure Compact Privilege in SD :

Licensee.

WHEREAS, Haylee R. Harthoorn, PN ("Licensee"), is licensed to practice as a practical nurse in the State of Iowa, holding license number P59433. Licensee was recently practicing on a multi-state compact privilege in the State of South Dakota; and

WHEREAS, on April 18, 2017, the South Dakota Board of Nursing ("Board") investigator met with Licensee regarding a complaint that the Board received in regard to discrepancies surrounding her administration of morphine sulfate and hydrocodone in failing to document the administration of the medications, failure to account for the medications, and having a higher amount of administration of medication compared to that of her peers. The Licensee denies diverting narcotics for personal use and admits she has made numerous charting errors and documentation discrepancies; and

WHEREAS, based on the above, Licensee has asked to voluntarily surrender her privilege to practice in the State of South Dakota; and

WHEREAS, the Board has a statutory obligation to protect the public health, safety and welfare set forth in SDCL §36-9, including the protection of the public from unsafe nursing practices and practitioners; and

WHEREAS, Licensee agrees that the matters under investigation would be of a nature that would constitute grounds for the discipline of her privilege to practice nursing in South Dakota under SDCL § 36-9-98; and

WHEREAS, the Licensee agrees that she enters into this Voluntary Surrender of
Privilege to Practice in South Dakota voluntarily and without duress or compulsion, in full
understanding of the legal consequences of this document and her rights; therefore,

IT IS HEREBY STIPULATED AND AGREED AS FOLLOWS:

- 1. That the Board has jurisdiction over the person of the Licensee and the subject matter of this Voluntary Surrender of Privilege to Practice in South Dakota.
- 2. That on April 18, 2017, the Board investigator met with Licensee regarding a complaint that the Board received in regard to discrepancies surrounding her administration of morphine sulfate and hydrocodone in failing to document the administration of the medications, failure to account for the medications, and having a higher amount of administration of medication compared to that of her peers. The Licensee denies diverting narcotics for personal use and admits she has made numerous charting errors and documentation discrepancies.

Licensee has agreed that she would surrender her privilege to practice in the State of South Dakota.

- 3. That the Licensee has been given an opportunity to discuss this Voluntary Surrender of Privilege to Practice in South Dakota with an attorney of Licensee's choice, and is aware of her right to a hearing in this matter, and of her rights under the United States and South Dakota Constitutions, laws, rules and/or regulations. Licensee hereby voluntarily waives all such rights to a hearing, notice, appearance, or any other rights under said Constitutions, laws, rules and/or regulations. Licensee also agrees that the Board's Executive Director or her designee may present this Voluntary Surrender of Privilege to Practice in South Dakota to the Board and disclose to the Board all items of her investigation, including, but not limited to, any communications with Licensee.
- 4. That the Licensee's privilege to practice nursing in South Dakota shall be surrendered and the Board shall suspend said privilege for an indefinite period from the date of this Order. Licensee may apply to have her privilege reinstated for good cause shown.
- 5. That nothing in this Voluntary Surrender of Privilege to Practice in South Dakota should imply that the Licensee shall be reinstated. Licensee recognizes that the reinstatement terms, as well as the requirements for reinstatement, are at the sole discretion of the Board.
- 6. That if the Licensee requests reinstatement, Licensee has the burden of presenting information showing that Licensee's privilege should be reinstated.
- 7. That it is further stipulated and agreed that this Voluntary Surrender of Privilege to Practice in South Dakota is being entered into voluntarily by the Licensee and without threats or coercion and is entered into after the Licensee has been given ample opportunity to consider these matters and to discuss this Voluntary Surrender of Privilege to Practice in South Dakota

Voluntary Surrender of Privilege to Practice in South Dakota Licensee: Havlee R. Harthoorn, PN

with an attorney of Licensee's choice and that the Licensee has a full understanding of the legal consequences of this Voluntary Surrender of Privilege to Practice in South Dakota and of the Licensee's rights to a formal hearing on these matters, which rights are hereby waived by the signing of this Voluntary Surrender of Privilege to Practice in South Dakota.

- 8. Licensee understands that during the period of this Voluntary Surrender that she is ineligible to work in any nursing role in the State of South Dakota, including that of a nurse aide, nurse assistant, or medication assistant/aide.
- 9. This action is reportable discipline and will be published in the Board's newsletter and posted on its web site and reported into the National Practitioner Data Bank (NPDB) as required by law.
- 10. That the Licensee, pursuant to SDCL § 36-9-98 acknowledges that while the remote state (South Dakota) may take adverse action affecting Licensee's privilege to practice within that state, that her home state of Iowa shall have the power to impose adverse action against the license issued by the home state (Iowa).
 - 11. That the Board may enter an Order consistent with the terms of this Stipulation.

NOW, THEREFORE, the foregoing Voluntary Surrender of Privilege to Practice in South Dakota is entered into and is respectfully submitted to the Board with the request that the Board adopt its terms as an Order of the Board in the above matter.

Dated this \(\sum_{\text{N}} \text{day of April, 2017.} \)

Haylee R. Harthoorn, PN

The South Dakota Board of Nursing met on the 20 day of April , 2017, and approved the above Voluntary Surrender of Privilege to Practice in South Dakota as written by a vote of 9-0 and issued its Order as follows:

> Gloria Damgaard, RN, MS Executive Director

South Dakota Board of Nursing

floria Damgaard



South Dakota Board of Nursing

4305 S Louise Avenue-Suite 201 Sioux Falls, South Dakota 57106

Motion for Action

Date: April 2(), 2017

Agenda Item: 10B-Haylee Harthoorn

I MOVE that the South Dakota Board of Nursing accept the Voluntary Surrender of the Privilege to Practice for Haylee Harthoorn, IA P59433.

Signature: Nucy Nelson

-Seconded by-	vote:	YES.	No :	ABSTAIN	REGUSE	ABSENT
	Darlene Bergeleen	Х				
	Carla Borchardt	X			,	
	Rebekah Credduck	×				
	Doneen Hollingsworth	χ				
·	June Larson					Χ
	Deborah Letcher	\times				
	Nancy Nelson	×				
×	Sharon Neuharth					
	Robin PetersonLund					Χ
	Kristin Possehl	×				
	Mary Schmidt	X				
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TOTAL		
Motion Carried	☐ Motion Defeated	☐ Motion Withdrawn

Report Type:		
• Final		e e e e e e e e e e e e e e e e e e e
Facility:		
Full Facility Name	Facility Email Address	City
Hudson Care and Rehab Center	svangelder@hudsoncarerehab.	Hudson
Facility Phone Number	Facility Fax Number	Facility Type
(605)984-2244	(605)984-2714	LTC
Patient/Resident Information:		
First Name	Last Name	Date of Birth
Numerous	Numerous	01/01/2017
Event Reporting:		
Name of Person Completing Report	Credentials of Person Completing Report	eting Report
Stephanie Van Gelder	RN/DON	
Facility Contact Person	Date and Time of Event	
Stephanie Van Gelder	3/6/2017 1500	
Type of Event Being Reported		
Suspicion/allegation of abuse/neglect		
Allegation Type		
Misappropriation of property/funds		
Suspicion/Allegation of Abuse/Neglect		
Facility personnel		
Is the individual capable of providing an explanation of the event or capable of participating in investigation?	event or capable of participating in investigation?	
• No		

Date Generated:

03/13/2017

Report Form

Provide a brief explanation of event being reported. Please include name(s) of Patient/Resident/Personnel/Family/Visitors involved with event. Narcotic Medication Diversion.	ase include name(s) of Patient/Resident/Pe	rsonnel/Family/Visitors involved with event.
Allegation involved facility personnel?		
Yes		
Personnel Involved:		
Full Name	Job Title	Social Security Number
Haylee R. Harthoorn	LPN/SSD	478214957
License/Certification Number	Date of Birth	Date of Hire
P59433	02/05/1992	05/06/2016
Last Known Address	Phone Number	If terminated, date of termination
2554 250th Street, Doon, Ia, 51235	(712)541-7355	03/02/2017
Previous Disciplinary Actions		
Law Enforcement Notification:		
Law Enforcement Notified?	Why or why not?	
• Yes	Drug Diversion	
Date and time Law Enforcement was notified		
03/06/2017 1340		
Law Enforcement Entity Notified	Name and numbe	er of Officer contacted:

Date Generated:

03/13/2017

Report Form

Social Services Notification:

Department of Social Services Notified?	Why or why not?
• No	Reported to SD BON, DCI, DOH, Pharmacy, and Medical Director
Date and time DSS was notified	
Name and number of Worker contacted:	
Health Department Notification:	

<u>Investigation Conclusion:</u>

03/06/2017 1515

Date and time Health Department notified

Conclusionary summary statement of facility investigation:

concerns and Avera LTC Pharmacy will be sending copies of their delivery sheets and facility telephone/fax order sheets within 48 hours. Report was filed to the DCI with Pat Kneip on 3/7/2017 as he was also out of office on 3/6/2017. indicate that this narcotic is ordered approximately every 6 to 8 days and receives the medication TID. On 3/13/2017 I notified Mark of the above noted was also noted that Craig Anthony (on scheduled Hydrocodone) had refills sent for narcotics on 2/19/2017 and then again on 2/22/2017. Records Monthly Cotrolled Drug Report to compare the last month's narcotic use/deliveries with the pharmacy records. It was noted that on several dates that (RPh of Avera LTC Pharmacy) were notified of the reports/allegations/investigation on 3/7/2017 as both were out of office on 3/6/2017. Mark sent a Investigation continued after initial report to DOH, including further reporting to proper entities. Dr. Hennies (facility medical director) and Mark Gerdes Haylee worked, narcotics were ordered (at times the evening prior to delivery) that there is no delivery sheet record and/or no order sheet record. It

The Controlled Substance destruction policy and procedure was reviewed and revised. The key to the drug destroy box is kept in the DON's office at all times. Controlled Substances to be placed in the drug destroy box by 2 nurses with a signature of both nurses on the count sheet or destruction log accompanying the medication. DON and another RN will destroy controlled substances. Education to be provided at the all nursing department meeting on 3/14/2017 regarding medication diversion and recognition of substance abuse/diversion.

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Substantiation and Action:

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ا س	Was abuse/neglect allegation substantiated?	Why or why not?	
	• Yes	Drug diversion	·
	If a patient/resident was suspected of abuse/neglect, was it a willful act?		
	• Yes		
	Action taken by facility (Check all that apply)		
2.	✓ Personnel education		
	Equipment repaired/removed		
	Personnel reprimanded		
	Personnel terminated		
	Staff levels reviewed/revised		
IA	Facility procedures reviewed/revised		
	Leadership reviewed/revised		
	Restitution made		
*****	Other		
B	Admin Only Notes:		
	Date/Time	Subject	
	3/13/17 at 4:14 p.m.	Email	
	Person We Visited With	Phone Number Address	
	See below		
	Notes		
	Report sent to SD BON and SD DOH OLC RPh.		
Γ,			

Date Generated: 03/13/2017

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Report Type.			
• Initial			
Facility:			
Full Facility Name	Facility Email Address	City	i
Hudson Care and Rehab Center, LLC	svangelder@hudsoncarerehab. com	Hudson	
Facility Phone Number	Facility Fax Number	Facility Type	
(605)984-2244	(605)984-2714	LTC	
Patient/Resident Information:			
First Name	Last Name	Date of Birth	
Numerous	Numerous	01/01/2017	L
Event Reporting:			
Name of Person Completing Report	Credentials of Person Completing Report	oleting Report	
Steph Van Gelder	DON/RN		
Facility Contact Person	Date and Time of Event		
Steph Van Gelder	03/06/2017 1500		
Type of Event Being Reported		•	
Suspicion/allegation of abuse/neglect			
Allegation Type			
Misappropriation of property/funds			
Suspicion/Allegation of Abuse/Neglect			
Facility personnel	real designation of the	and the second s	
Is the individual capable of providing an explanation of the event or capable of participating in	ne event or capable of participating in investigation?		
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Date Centerated. 05/00/2017		1	
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Report Form

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			03/06/2017 1340	
			Date and time Law Enforcement was notified	١
		Involved Missing Narcotics	• Yes	
		Why or why not?	Law Enforcement Notified?	
			Law Enforcement Notification.] [E
<u> </u>				
			Previous Disciplinary Actions	·-··
	03/02/2017	(712)541-7355	2554 250th St, Doon, IA 51235	
	If terminated, date of termination	Phone Number	Last Known Address	
· · · .	05/02/2016	02/05/1992	P59433	
	Date of Hire	Date of Birth	License/Certification Number	_
	478214957	LPN	Haylee Harthoorn	
	Social Security Number	Job Title	Full Name	
<u> </u>			Personnel Involved:	٦ _
			Yes	
			Allegation involved facility personnel?	ı 👡
			See attached reports.	(0
	nnel/Family/Visitors involved with event.	include name(s) of Patient/Resident/Persc	Provide a brief explanation of event being reported. Please include name(s) of Patient/Resident/Personnel/Family/Visitors involved with event.	-

Date Generated:

03/06/2017

Report Form

Social Services Notification:

Department of Social Services Notified?	Why or why not?	
• No	Department of Health, Local Law	Department of Health, Local Law Enforcement, SD Board of Nursing Notified
Date and time DSS was notified		
Name and number of Worker contacted:		
Health Department Notification:	Parties of the Control of the Contro	
Date and time Health Department notified		
03/06/2017 1425		
Investigation Conclusion:		
Conclusionary summary statement of facility investigation:	on:	
See attatched documentation and more to follow with final report.	nal report.	
Admin Only Notes:		
Date/Time	Subject	
3/6/17 3:33 p.m.	Email	
Person We Visited With	Phone Number	Address
See below		
Notes		
Report sent to Bob Coolidge RPh and SD BON		

Date Generated: 03/06/2017

Final Investigation Report for Drug Diversion (Filed Initially on 3/6/2017)

Upon review of Monthly Controlled Drug Report supplied by Avera LTC Pharmacy for dates 1/7/2017 to 2/28/2017 there were several dates noted where the facility did not have record of delivery tickets or Medication Refill request forms and the pharmacy had record of a delivery of controlled substances to the facility. Avera LTC Pharmacy was notified of the discrepancies and were able to locate their copies of delivery tickets and Medication Refill requests. A phone conference we held with Megan Arend, Program Development Representative/RN, Stephanie Van Gelder, RN/DON of Hudson Care & Rehab Center, and a RPh from Avera LTC Pharmacy to compare records. It was determined that 60 Hydrocodone 5-325mg was delivered for Craig Anthony to the facility on 2/20/2017 and the delivery ticket was signed by Haylee Harthoorn. It was noted that the facility copy of the delivery ticket was not able to be located (see pharmacy copy signed by Haylee). Laura Limoges, RN, had reordered Craig Anthony's Hydrocodone on 2/19/2017 which is consistent with an approximate 8 day reorder cycle. Craig Anthony's records indicate that only one card of Hydrocodone was received on 2/20/2017 (per Controlled Drug Receipt/Record/Disposition Form, not signed by nurse). It was also noted that Controlled Drug Receipt/Record/Disposition Form was missing from Craig Anthony's chart for dates 2/12/2017 thru 2/20/2017. During the phone conference, it was determined that a card of 30 Hydrocodone 5-325mg belonging to Craig Anthony that was delivered on 2/20/2017 was not signed into the facility. Haylee Harthoorn was the nurse working the 6p-10p shift on 2/20/2017.

Stephanie Van Gelder RN/DON

Hudson Care & Rehab Center

720 Parkway

Hudson SD 57034

Phone: 605-984-2244

Fax: 605-984-2714

Hudson Care and Rehab Center

720 Parkway Hudson, SD 57034

Phone: (605) 984-2244

Fax: (605) 984-2714

"Helping Hands and Caring Hearts"

Fax Cover Sheet

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COMPANY: SD BOARD OF NO	~			
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Medication Notes

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LODES, SHARMAYNE L (1060) - Page: 4 of

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On 2/26/2017, I received a call from Lisa Collins, charge nurse on duty at Hudson Care & Rehab. Lisa reported concerns regarding controlled substance counts, charting issues and missing documentation. She had discussed this issue with Haylee Harthoorn, as the issues were with her charting and came about between her shift and Lisa's. I asked that Lisa document her concerns (see note dated 2-26-2017 and all initial and corrected/late documentation copies). I talked with Maria Nickelson on the AM of 2-27-2017 regarding the amount of medication that she had received over the weekend and she stated that she had only received one dose of Hydrocodone on 2-26-2017. This was also documented on the weekly report sheet and passed along in taped report. I discussed these discrepancies with Haylee along with missing documentation and corrected/late entries. Haylee stated that she gave all the doses that she later documented. I educated her on the importance of accurate documentation at the time of administration of medications and the potential for errors due to missing/incorrect documentation.

On the evening of 2-27-2017 it was brought to my attention that residents receiving PRN narcotic medications have been getting more doses than usual. Upon review of resident records, it was noted that on days that Haylee Harthoorn worked, several residents received frequent doses of PRN narcotic medications that usually do not need as frequent medication interventions (see documentation provided).

See 3-2-2017 notes from meeting between Hunter Winklepleck, Administrator, Stephanie Van Gelder, DON, and Haylee Harthoorn, LPN/SSD. See also records of Haylee Harthoorn's current and historic medications.

On the AM of 3-1-2017 it was brought to my attention that there was a bottle of Oxycodone 5mg (count 52) prescribed to David Hansen and no documentation as to disposition of medication. I reviewed David's chart and there was an order for the Oxycodone to be discontinued on 8-18-2017 but the medication was not pulled from the narcotic drawer to be destroyed and continued to be counted. There was no medication disposition sheet in the resident's current chart or thinned records or narcotic count record. I initiated an audit of charts on residents that receive narcotic medications and below are some of the findings as well as staff interviews:

- Mable VanDenTop expired on 2-12-2017 and had orders for Morphine Sulphate 15mg ER, Morphine Sulphate Solution 100mg/5ml and Tramadol 50mg. Per interviews with Savana Loges LPN and Makinsy Brantsen LPN, these medications were placed in the narcotic lock box on the AM of 2-13-2017 at the exchange of shifts. (a medication destruction sheet was filled out and also placed in the box). These medications are not in the box and there is no medication destruction sheet in her chart. Per interview with Susan Kamp RN, she stated that she was in the narcotic lock box on 2-23-2017 and there were a bunch of meds in the box at that time. She placed a full card of Lyrica 25 mg (Norma Crawford) in the box. We looked in the box at this time and the only meds in the box were Xanax and Lyrica cards from when resident was in the hospital. The full card of Lyrica is also missing without a medication destruction sheet in resident's chart.
- Nelva Boogerd had Hydrocodone 5-325mg discontinued on 1-14-2017. There is no medication destruction sheet in the resident's chart. Susan Kamp RN and Marily Hoogendoorn RN destroyed

- medications from the narcotic lock box on 1-25-2017 (see records) and they are unable to recall all of the meds that were destroyed. Per review of pharmacy delivery records and resident's MAR, it is estimated that 13 Hydrocodone are missing.
- Upon review of Nelva Boogard's chart is was noted that on narcotic record starting with date 10-24-2017 and ending on bottom of page with date 10-29-2017 an ending count is 12. When Haylee Harthoorn started a new narcotic record starting date 10-30-2017 with no further administrations of narcotic (scheduled medication TID) and noted amount on hand to start of 9 (discrepancy of 3 tablets, see documentation copy).
- See also records of questionable increase use of medication administration for residents: Merlyn (Mike) Miller, Sharmayne Lodes, Evelyn Nelson, and Michael (Mick) Egan.

Stephanie Van Gelder RN/DON

Hudson Care & Rehab Center

3-6-2017

03/02/2017:

It was brought to the administrator's attention that Haylee Harthoorn, who functions as a nurse and as the Social Services Designee, had some issues with her charting and with her medication administration of narcotics. The administrator, Hunter Winklepleck, and director of nursing, Steph Van Gelder, both had a discussion with Haylee on 02/28/2017 to discuss the issue. In the meeting, Haylee admitted to shredding her narcotic documentation and lying about how much of the narcotics she was giving to the residents. One of the prevalent issues that was discussed is that Haylee had recorded that a resident received four hydrocodone. When the director of nursing interviewed the resident she stated that she had only received one. Haylee was unable to provide an explanation for this discrepancy. The administrator stated to Haylee that more investigation would need to occur to dive into what was occurring but that at the least she would receive a final written warning about her charting and documentation problems. On 03/02/2017 Haylee abruptly quit her position and it was discovered after she quit that there were at least 50 narcotic medications missing from the narcotic box. The administrator and director of nursing will continue to investigate the issues.

Typed by Hunter Winklepleck, Administrator on 03/02/2017

Steph,

Per your instructions I am writing you this as a reminder and afollow up to our discussion regarding Toni Nickelson's undocumented hydrocodone doses and missing record sheet.

When I did controlled med count & Haylee this a.m., Toni had a partial bottle of hydrocodone & I believe tomh (4 doses) or 50ml remaining and another new full bottle & 350ml. The Sheets (recording counts) matched the bottles.

When I came tonight and listened to report, it was reported that only dayshift gave one close of PRN hydrocodone (10ml) to Toni. This is also recorded on the report sheet, Med notes, and per Savana, LPN. See Copies of docs.

Savana and I did controlled med count at which time I found that Toni only had the new bottle of hydrocudone (350ml) The partial bottle was gone, as was the recording sheet I asked Savana about this, who stated that when she came and did count E Haylee at beginning of her (Savana's) shifts, there was only the new bottle and its corresponding sheet as well at that time as well.

We checked the WAR, which had no documentation, but the med notes matched report that one done had been given at 1330 today by Haylee. We checked the cart and med room, thinking the bothe and to corresponding recording count sheet had been misplaced, but did not find it either place We checked Foni's chart for The recording sheet, it's not there, nor is it in the "To be filed" box. At this time, with Savana present I called Haylee to see IP she knew where the Helps were. the stated Haylee Stated that she had "all the papers In my (her) office and I'll fix it tomorrow! She Stated she gave three doses, not the one she reported, and that she forgot to write them down but will tex it when she comes in toronow morning then abruptly Soud goodbye and hung up on me. After Savana left I called you, Steph, with my concerns regarding Haylee's aim report not matching that the number of doses missing as well as the missing paperwork. I talked to Toni Zyour permission. I told Toni I helded to Know it she had gotten any doses of hydrocodlone today because I thought maybe they forgot to record them and I wanted to leave them a remender now. She stated without hesitation she had one dose of hydrocodone today, and that it was "thus afternoon" I asked her if she was sure, She Stated She was Sure I do not wish to imply anything but rather relate the information I am aware of and legally

obligated as an RN to report to you.

Per your request the other Hems that were reported by Toni were

O Not getting her eye drops that were Signed off (I left you note on specific date)

(2) Not getting either new treatment on 2/25/17. I did give her the HS one when she informed me She hadn't received it

Also, please note that the WAR and the med notes (PRN documentation) do not match the controlled count recording sheets thus month on a couple of cases I have Seen. I was Leaving Haylee reminder hotes but she did not take Kindly to these so I stopped. I don't know if you want to audit them but heart it wasn't my place. I only realized it when I needed to que PRN's and found report and the mar and the controlled doc book weren't matching up so I had to be very careful before guing a PRN asto not overdose a resident. Unce again, I amonly reporting what I've found due to concerns for resident safety

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as well as	mandatory reporting
obligations	Thank you,
	Lina Callino RN

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Hudson Care and Rehab Center

720 Parkway Hudson, SD 57034

Phone: (605) 984-2244

Fax: (605) 984-2714

"Helping Hands and Caring Hearts"

Fax Cover Sheet

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DATE/TIME: 316/17 1220
COMMENTS:

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SOUTH DAKOTA BOARD OF NURSING SOUTH DAKOTA DEPARTMENT OF HEALTH

4305 S Louise Ave Suite 201 ♦ Sioux Falls SD 57106 (605) 362-2760 ♦ Fax: 362-2768

Please complete the following information and submit copies of pertinent documents, including medical records if available; do not submit your original documents. State in detail all facts which you believe justify your complaint. If possible, state whether the information is within your personal knowledge, and if not, provide the source(s).

Please send this completed, signed form to the South Dakota Board of Nursing, attention:

Complaints. If necessary, we may contact you for additional information, and you will be notified of a final decision. Please be aware that evaluation and investigation of a complaint is a time consuming process.

Name of Complainant: Hunter Wink McK, Administrator Address: 720 Parkway Hudson, 50 57034 Telephone: 605-984-3244 Email: hwinkleplack & hudsons a Additional Complainant(s), if any: Stephanie Van Galdar, DON	re ve hab-com
Individual(s) against whom this complaint is issued: Hayke R. Harthourn Nurse License # if known: P59433 Place of employment: Huben Care and Ashab Center Employment Ende	d 03/02/2017
Complaint and Additional Information Were you the patient/individual for whom care was provided? If not, for whom was care provided (name and relationship to you)?	
Do you represent the employer of the nurse involved? XYes Do No If so, the name and contact information of the facility:	
Hunter Winklepleck or Stephenir Van Gelder (005-984-2244) If so, has this practitioner faced prior warnings or disciplinary action? Please provide employee history, evaluations, etc. as appropriate Have you contacted the practitioner and/or employer about your complaint? If so, what action, if any, was taken or is being taken? We discussed the	es □ No
Issue with Having Hardmorn and informed her our investigation would continue. The quite Has this complaint been filed elsewhere? & Yes - No If so, with whom/what organization or agency? South Dahoda Departs	the grant of the state of
If so, what action, if any, was taken or is being taken?	
Please describe in detail event(s) that cause you to file this complaint; include no dates, locations, and any other information that you believe support the compatible of the extra sheets if necessary.	ames, plaint.
certify that the above information is true and correct to the best of my knowl Signature of Complainant Date 03/03/	edge. /2%7

Information for the Board of Nursing

Full Name: Haylee R Harthoorn Address: 2554 250th Street

Doon, IA 51235

Telephone #: (712) 541-7355 Nursing License #: P59433

DOB: 02/05/1992 SSN: 478-21-4957



Avora LTC Pharmacy 3820 N. Potsdam Ave. Sulte 2 Sloux Falls , SD 57104 Phone: 6053221450 Fax: 6053221451

Note To Attending Physician/Prescriber

Resident: Hansen, David

Care Center. Hudson Care & Rehab Cente

Physician/Prescriber: Hennies, Cathy

DOB: 02/23/1952

Station: NORTH

Room: 202

Bed: B

MRR Date: 8/16/2016

David has orders for both PRN tramadol and PRN oxycodone. He only rarely uses either medication. I am curious If having both is necessary. Perhaps just the PRN tramadol would be enough to cover his pain needs, Could PRN oxycodone be DC'd?

thanks for your consideration!

Chris A Reynolds, Pharm. D. Consultant Pharmacist

Physician/Prescriber Response

Signature:

Date:

Printed: 8/16/16

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AUG-17-2016 18:59 From: HUDSON CARER REHAB

Copyright Managed Health Care Associates, Inc. (MHA) 2014.

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Facility	CARERO	EHAR (ENTER	Nursing Station R(02880)SON - 100 UNIT (101A	- 1118)(EAS	T)			(6051332-1480	J-Term Care Phari FAX (885)971-3544
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Facility Nursing Station	Avera Long-Term Care Pha
HUDSON CARE & REHAB CENTER(02850)SON - 100 UNIT (101A	- 117B)(EAST) (605)322-1450 FAX (655)971-1844
1488624/001 12/29/2016	Signature of nurse receiving medication
Res Name Doctor	30 m L 12/29/16
VANDENTOP, MABLE HENNIES, CATHY	Quantity Received Date
Drug/Name/Strength MORPHINE SUL SOL 100/5ML	Every dose must be accounted for and requires
Directions \\2	charting on the Medication Administration Record.
GIVE 0.25-1ML BY MOUTH EVERY HOUR AS	Disposition of Remaining Doses Quantity Destroyed: Date:
NEEDED FOR MILD TO SEVERE PAIN OR SOB	RN Signature:
Phermacy Quantity Dispensed Avera Long-Term Care Phermacy 30.00	RPh/Witness Signature:
Amount	Amount Signature
Given Left	Given Left
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Facility HUDSON CARE & REMAB CENTER(02BSID)SON - 100 UNIT (1 Rx# Date Dispensed 1447636/001 11/28/2016 Res Name Doctor VANQENTOP, MABLE HENNIES, CATHY Drug/Name/Strength TRAMADOL HCL TAB 50MG Directions GIVE 1 TAB BY MOUTH EVERY 6 HOURS AS	Signature of nurse receiving medication Quantity Received Date Every dose must be accounted for and requires charting on the Medication Administration Record. Disposition of Remaining Doses Quantity Destroyed: Date:
Pharmacy Quantity Dispensed	RN Signature:
Avera Long-Term Care Pharmacy 30.00	RPh/Witness Signature:
Amount Signaturé Date Time Given Left	Amount Signature Given Left
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acility				Nursing	Station
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PAGE		ALLERGIES	ALT PHYSICIAN PROME	261			SHAME SHAMES		WATTER DISTRICT	26 27 28 29 30 31

Narcotic Record

Resident Name: NEW BOOM Medical Record #: Room #: Physician Name: HENNIES	ud		Medicatio HyUN IA Dosage-Ro	n Name DDD 10 36 oute-Frequen	RS 1cy	
Pharmacy Name: Nurse Signature	Date	Time	Amount on Hand	Amount Received	Amount Given	Ending Count
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Narcotic Record

Resident Name: Nelva Ecogeral Medical Record #:

Medication Name
Hydrol APAP 101335
Dosage-Route-Frequency

Room #: Physician Name: Hannics			Bosage-Ro	ile-Krequei R	<u>ICY</u>	
Pharmacy Name: Nurse Signature	Date	Time	Amount on Hand	Amount Received	Amount Given	Ending Count
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Packing Slip

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UDSON CARE & REHAB CENTER (028SD)

720 PARKWAY **HUDSON, SD 57034**

Delivery Route:

Shipping Tote:

Date: 01/08/2017

Avera Long-Term Care Pharmacy

3820 N Potsdam Ave Suite 2 Sioux Falls, SD 57104 (605)322-1450

COMMENTS

HUDSON CARE & REHAB (HUDSON)

CONTROLLED SUBSTANCES

MEDICATION LABEL NAME BOOGERD, NELVA J. (11944)

1496952/001 30.00 HYDROCO/AFAP TAB 5-325MG

Room: 111 Bed: B HENNIES, CATHY

¢-II

13 missing

PACKING SLIP SUMMARY TOTAL RX = 1 TOTAL PACKAGES = 1

SIGNATURE CONFIRMS ACCEPTANCE OF DELIVERY ONLY. PLEASE NOTIFY THE PHARMACY WITHIN 24 HOURS OF ANY DISCREPANCY. ***RETURN SIGNED COPY TO PHARMACY***

NURSE PRINT NAME

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PAGE 1 END

Facility Copy

Facility HUDSON CARE & REHAB CEN	Nursing Station NTER(02860)SON - 100 UNIT (101/	111B)(EAST)	NI		Avera Long-Term Care Photosiss22-1450 FAX (605)322-1451
Rx# 1423051/001	Date Dispensed 11/02/2016	1 (V/4)	nurse receiv	ing medicat	ion
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Narcotic Record

Resident Name: Delores Homani Medical Record #: 1055 Room #: 2012B Physician Name: Hennies	diberg		Medicatio Tramado Dosage-Ro	HCL	ncy BID as	needed
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Narcotic Record

Resident Name: Delwes Her Medical Record #: 1088 Room #: 2018 Physician Name: Hennies Pharmacy Name: 300+6	nandbe		zome b	adol Houte-Frequence o BIO P	RN	Ending
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UDSON CARE & REHAB CENTER(0288050N - SPECIAL CARE UNIT (205-215) (205) 722-150 FAX (605)322-1451 XW Date Dispensed 12/05/2016 85 Name Doctor HENNIES, CATHY USE OF THE PRINCES, CATHY TOTERAU, JOAN C., HENNIES, CATHY HENNIES, CATHY TURINAME/Strength ORPHINE SUL SOL 100/5ML Frections IVE 0.25-1ML BY MOUTH EVERY HOUR AS EEDED FOR MILD TO SEVERE PAIN OR SOB Narmacy Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Wera Long-Term Care Pharmacy 30 00 Caparity Dispensed Caparit	Pacility	Nursing Station]	0405140011		Avera Long-Term Care Pha
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SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH

4305 S Louise Avenue Suite 201 ♦ Sioux Falls SD 57106-3115 (605) 362-2760 ♦ Fax: 362-2768 ♦ doh.sd.gov/boards/nursing

04/13/2017

FLE CODY

Haylee Harthoorn 2554 250th St. Doon, IA 51235

Dear Ms Harthoon:

An Informal Meeting has been scheduled for Tuesday, 04/18/2017, at 8:30 am CT.

This Informal Meeting will be conducted at the Board office and will be an opportunity for you to meet with Board of Nursing representatives and discuss a complaint received by the Board related to a nursing practice issues.

You may choose to meet with staff alone, or legal counsel may accompany you if you so desire. Please inform me as soon as possible if you intend to be represented by legal counsel so that the Board of Nursing's attorney may also be notified to be present for this meeting.

A brief description of due process in enclosed. You are advised that this Informal Meeting does not constitute a Formal Hearing. If you do not appear for this Informal Meeting at the scheduled time, the Board will assume that you do not want this Informal Meeting prior to initiation of formal proceedings in your case. If the Board determines that a Formal Hearing in your case is necessary, you will be served with a Formal Notice of Hearing.

Sincerely,

Francie Miller, RN, BSN

Nursing Program Specialist

South Dakota Board of Nursing

Francie Milleriko

ENC:

Due Process



SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 • Sioux Falls, SD 57106-3115
(605) 362-2760 • FAX: 362-2768



March 13, 2017

Haylee Harthoorn 2554 250th St. Doon, IA 51235

Dear Ms. Harthoorn;

The South Dakota Board of Nursing has received a complaint of an alleged violation of laws or regulations that govern your nursing practice, in accordance with SDCL 36-9 and SDCL 36-9A. The Board of Nursing has jurisdiction over licensed nurses in the state of South Dakota and those nurses working in South Dakota on their privilege to practice, pursuant to South Dakota Codified Law 36-9-49.

An investigation into the facts of the case has begun. Please contact the Board staff to schedule an informal meeting. This meeting will be conducted at the Board office and will be an opportunity for you to meet with Board of Nursing representatives and discuss the complaint.

Sincerely,

Francie Miller, RN, BSN, MBA Nursing Program Specialist South Dakota Board of Nursing Office # 605-362-3545